

03/11/2018

Surrey: Kelvin

REF: NS/WC18022004/Klgbsz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop r/m/s _____

Insured: **SFZ 9845L**

Policy No: **5097985210 070218 - 030519**

Claims No: **MT/1072871-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

DIAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHA 964T** Yr Regn: **9 Dec 2016**

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ Prime Mover /

Truck / Trailer or **1798**

Make: **Toyota Prius** C.C. **1600**

Colour: **Yellow** A/C: Insu**l** / Std / NI / NA

Sp. Reading: **254793** T/Radio: Insu**l** / Std / NI / NA

Eng/No: _____

C/No: **J7DKBJF490353861**

Gen. Cond: Good / F**o** Poor / Burnt

Steering: Inoper**g** / Jammed / Leaked / Burnt or

Brake: Inoper**g** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD **Alum** or

Tyre Size: F: **195/65R05**

R: **1**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Westlake**

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 6/2/18 D.O.I. 6/2/18

Survey held at **CDGE (Layang)**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 964T - CS/FCL18021013/Agp
	SFZ 9845L - X
10/2/18	Claim PIP \$2399.20 / SPY. (Red \$ 1116.03, 37%.)
RECEIVED 13 DEC 2018	

Date/Time, File Pass to? : Prell. Report

11/2/18 truis : Final Report

Date/Time, File Return to? _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
\$ + RS. \$1	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format: 7P

Lump Sum / I.B.I. (\$) 2399.20

TP Claims against NTUC Income: Follow-Through Survey

Date: 10/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1022385-002	COMFORT TRASPORTATION PTE LTD	SH 9198L	SLV 53P	1/12/2018	4:00	\$ 7,646.76
2	MT/1021903-002	COMFORT TRASPORTATION PTE LTD	SHD 6999M	GBG 5450R	29/11/2018	9:05	\$ 10,450.46
3	MT/1022781-002	COMFORT TRASPORTATION PTE LTD	SHC 425Y	SKU 1146R	5/12/2018	19:15	\$ 1,703.44
4	MT/1023217-001	COMFORT TRASPORTATION PTE LTD	SH 8330C	GBH 7474D	4/12/2018	18:25	\$ 5,995.36
5	MT/1022166-002	COMFORT TRASPORTATION PTE LTD	SHC 2722B	SJR 3837U	1/12/2018	14:40	\$ 3,436.52
6	MT/1022821-002	COMFORT TRASPORTATION PTE LTD	SHA 964T	SFZ 9845L	06/12/2018	12:20	\$ 3,115.23

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/12/2018 17:33"/>
Vehicle No. (For Motor)	<input type="text" value="SFZ9845L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5097985240		HOW KONG BENG	S1345526J	GPC	drive CLASSIC	SFZ9845L	SFZ9845L	07/02/2018	03/05/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/12/2018 15:09
Date Of Accident	06/12/2018 12:20
Exact Location Of Accident	SLIP RD FROM RAFFLES BLVD TO TEMASEK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA964T
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	OON YEN MENG
NRIC No	S7249374E
Date Of Birth	27/12/1972
Occupation	INDOOR
Date Of Driving Pass	08/03/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90085893
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	406 08-824 SEMBAWANG DRIVE
Postcode	750406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

Attachment(s)

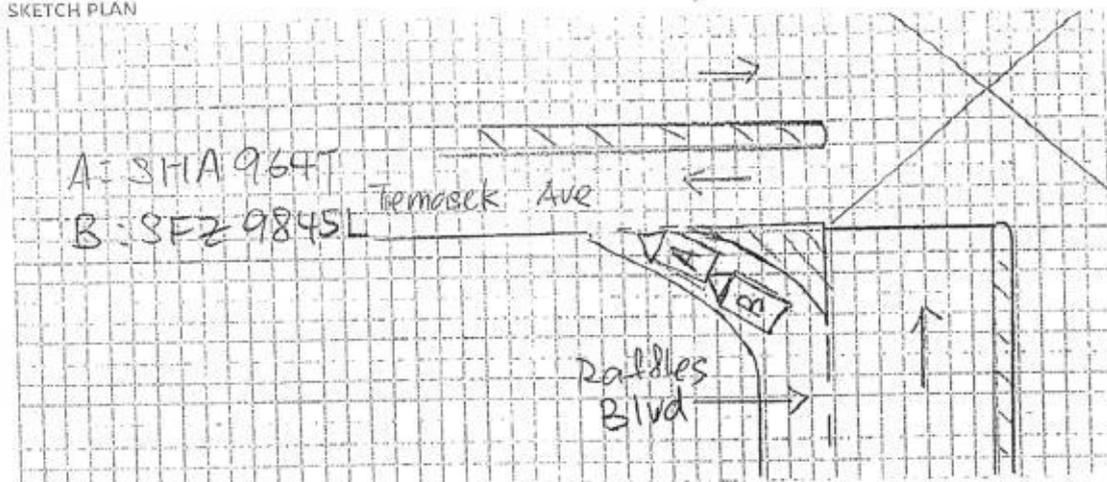
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ9845L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOW KONG BENG
NRIC/Passport Number	S1345526J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

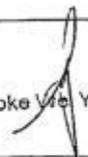
On 6/12/18 at about 12:20 hrs, I was driving at above said location with no pax. Upon approaching the give way line, I reduced taxi speed and stopped to check traffic. Suddenly a car SFZ 9845L came from behind collided onto the rear left portion of my stationary taxi. Both of us then alighted to take photo and exchange particulars. No injury reported at the point of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
 Policyholders No: 49950283
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Loke Yee Yieng
 Reporting Centre Personnel's Signature
 Name: 6/12/18
 NRIC/FIN No.:

Sketch Plan Pg. 2

IMPORTANT NOTICE

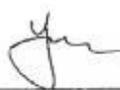
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

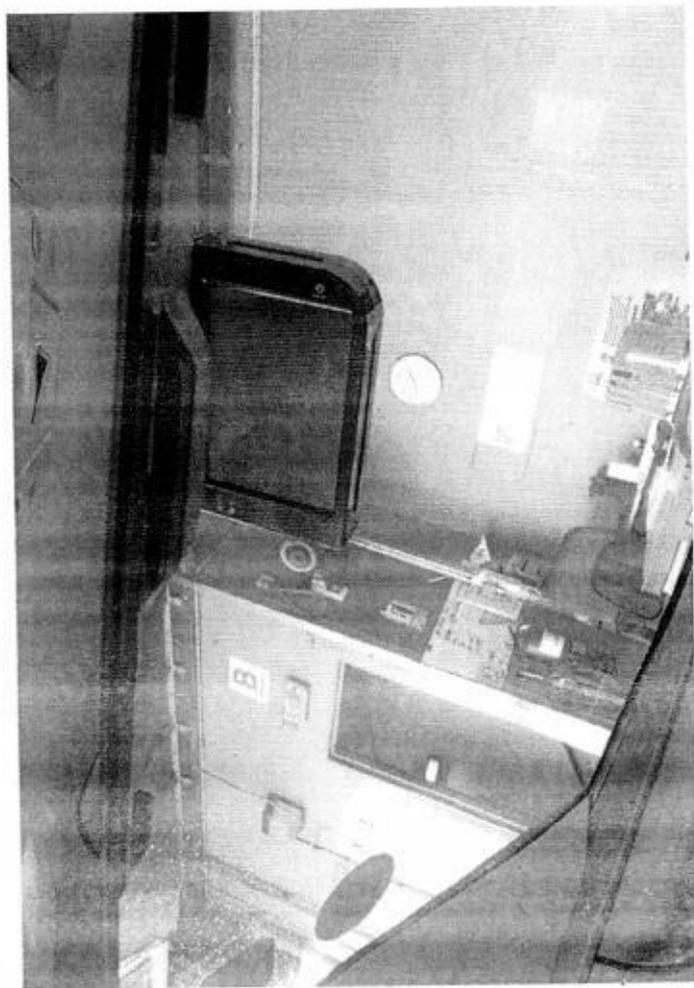
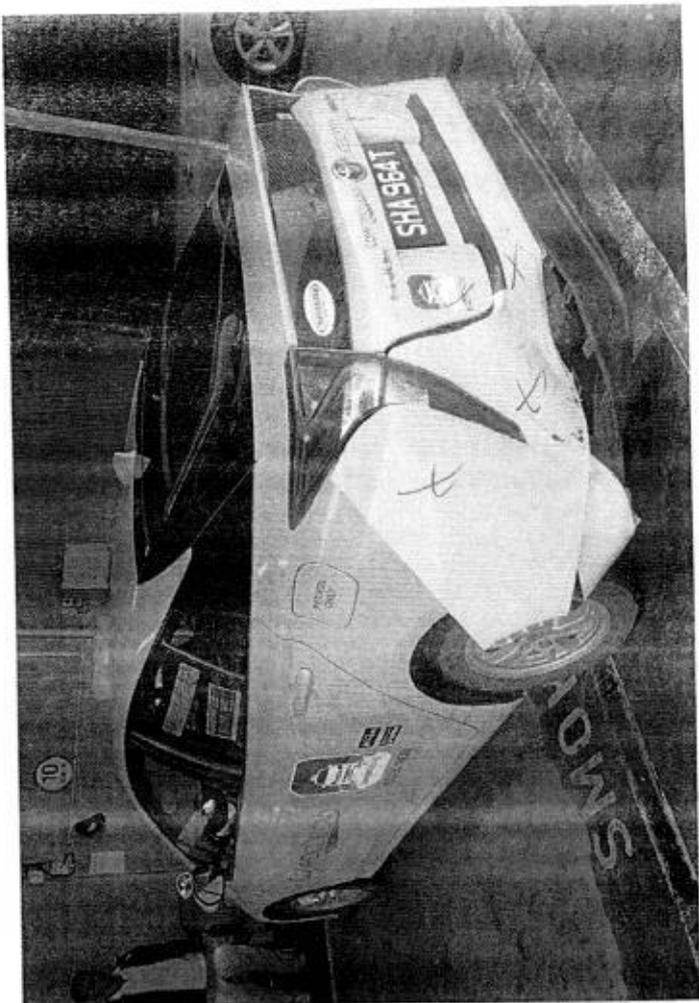
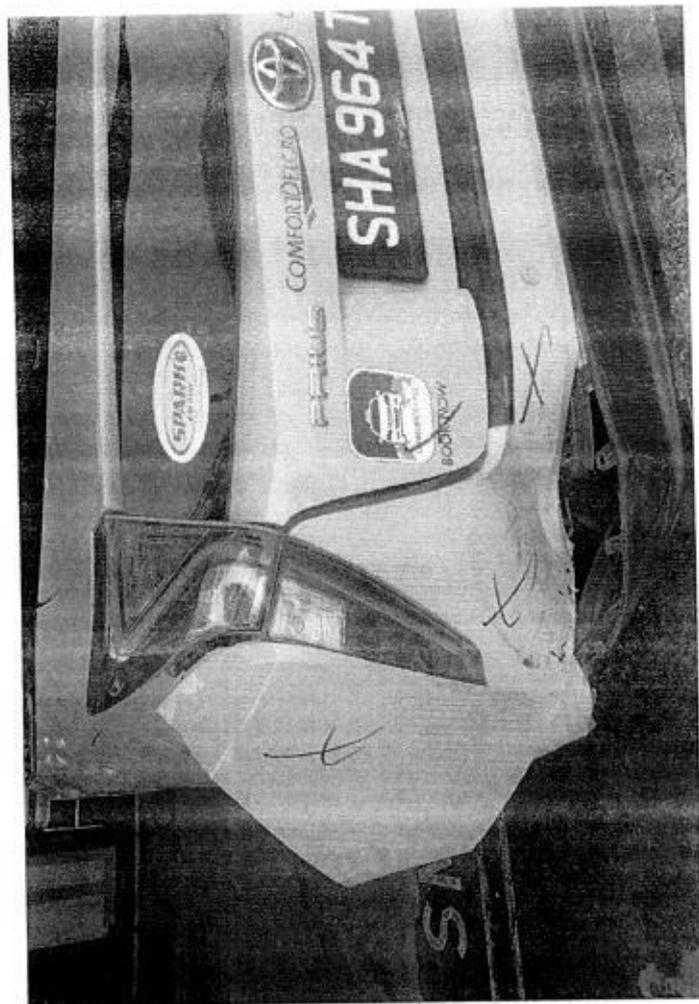
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

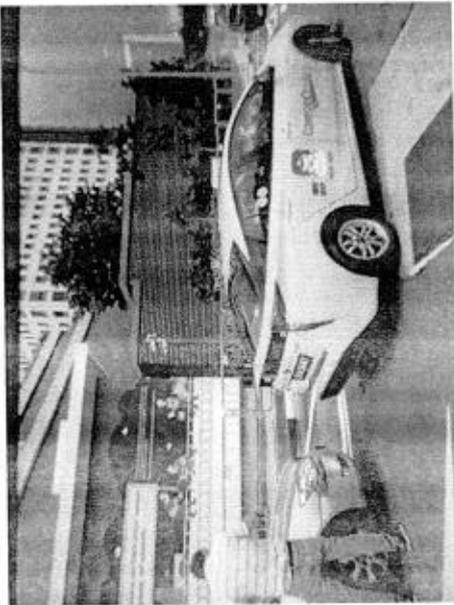
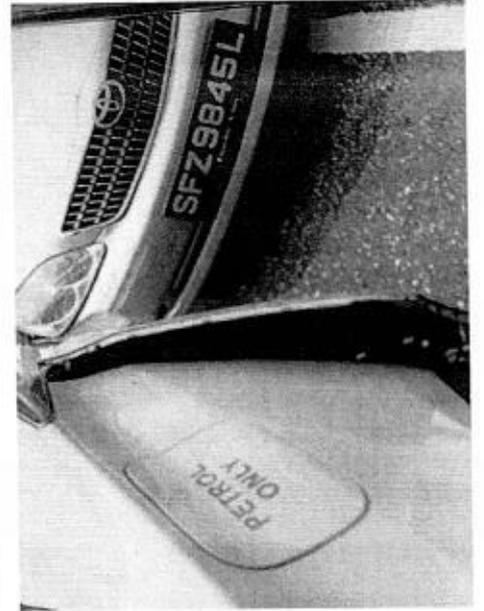
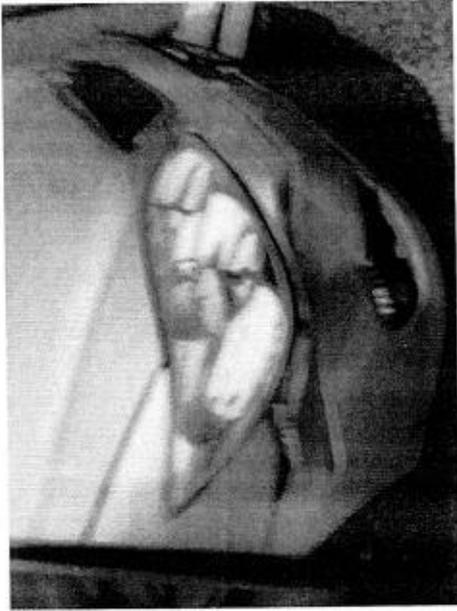
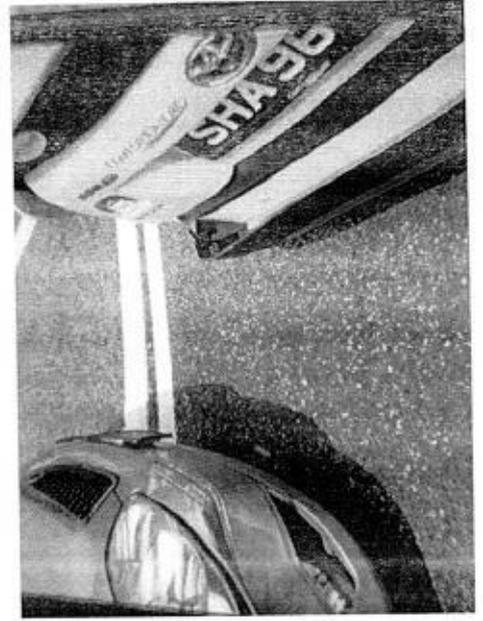
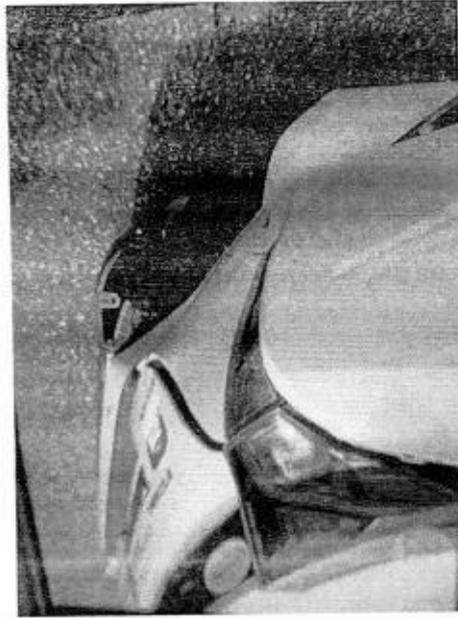
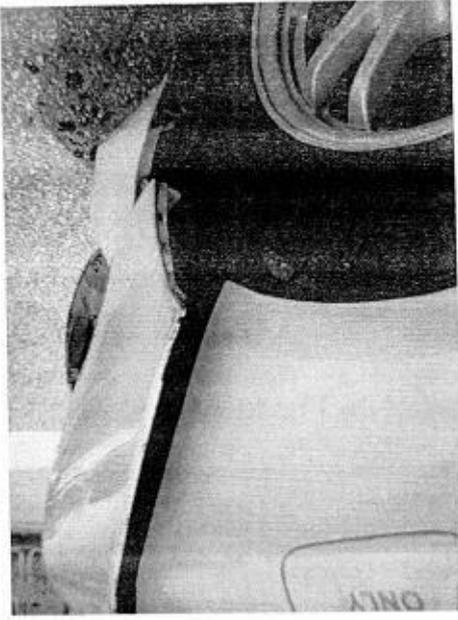
UICAB PTE LTD
CO. REG. NO. 199502839C

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Eke Wei Yieng
NRIC/FIN No.: 612118





REPAIR ESTIMATE

VEHICLE NO : SHA 964T

6/12/2018 14:30

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS) <i>nc</i>			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) <i>nc</i>			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) <i>nc</i>			\$ 47.00
REAR BUMPER <i>nc</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>Xsu</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>nc</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>Xsu</i>			\$ 112.70
REAR BUMPER UNDER SIDE COVER (LH) <i>nc</i>			\$ 232.00
REAR BUMPER CLIPS <i>nc</i>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH <i>Xsu</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, LH <i>Xsu</i>			\$ 148.40
SUB TOTAL			\$ 2,092.70
LESS 25% DISCOUNTED TOTAL			\$ 1,569.53
REAR NO. PLATE WITH TRIM COVER <i>Xsu</i>			\$ 100.00
REAR TRUNK LID APPS STICKER <i>nc</i>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>nc</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR <i>nc</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>nc</i>			\$ 50.00
			\$ 385.70
LABOUR CHARGE			\$ 600
Panel Beating			\$ 400
Spray Painting Charge			\$ 600
Wiring Charge			\$ 30.00
Tuff Kote			\$ 50.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,160.00
ESTIMATE TOTAL			\$ 3,115.23
			3515.73

LKK Auto Centre
 the Repairer of the following:
 • To resurvey before after spray painting
 • To display damaged parts during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company
 Acknowledged by Repairer
 Signature: _____
 Date: _____

Kahin Kelly
6/12/18 1610h.
3 hrs
PIP
Before Paint photo

Larry Ng

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

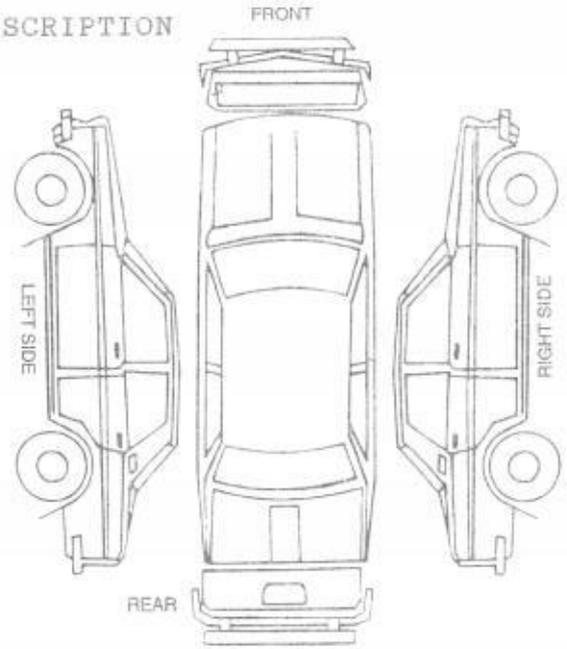
JC NO.: 305248191

STOMER CITYCAB PTE LTD 7010070 STOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (P) (O) (P) COUNT CARD NO.	REGN NO.: SHA 964T	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 06.12.2018 13:40
	YR OF MANUF 09.12.2016	TARGET DATE
	CHASSIS CODE JTDKB3FU903538631	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2018
 NATURE: 3P 06.12.2018

QTY/NO	LABOR CODE	DESCRIPTION
		NTUC - Rear Left damage
		LKA/Palmi -



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA 964T
 Name of Service Advisor: LARRY

Vehicle No.: SHA 964T

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.12.2018

REPAIR ESTIMATE

Time: 15:46:58

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305248191
 REGN NO : SHA 964T
 MILEAGE : 000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 09.12.2016
 DATE/TIME IN : 06.12.2018 13:40
 ACCIDENT DATE : 06.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60 25.00 343.95
0002	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60 25.00 414.45
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00 25.00 16.50
0004	04-01-0302-2865-G	PRIG4 FILLER-REAR BUMPER	1	232.00 25.00 174.00
0005	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70 135.70
0006	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00 25.00 35.25
0007	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90 25.00 39.67
0008	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90 25.00 39.67
0009	28-01-0302-2016-A	PRIVC REAR BONNET COMFORT	1	30.00 30.00
0010	28-01-0302-2014-A	PRIVC REAR BONNET APP TAX	1	40.00 40.00
0011	28-01-0302-0010-A	PRIVC REAR BOOT 65521111	1	30.00 30.00

SUB-TOTAL : 1,299.19

JOB NATURE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305248191
 REGN NO : SHA 964T
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 09.12.2016
 DATE/TIME IN : 06.12.2018 13:40
 ACCIDENT DATE : 06.12.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING			400.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA			600.00		
0002 17-01	WIRING CHARGE			20.00		
0003 L	REMOVE/REFIX REVERSE SENSOR			30.00		
0004 L	REAR BUMPER RUBBER MAT			50.00		
SUB-TOTAL :						1,100.00
TOTAL :						2,399.19

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
 DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305248191

Date : 7. Dec. 2018

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA 964T

Date of Accident: 6. Dec. 2018

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC SFZ9845L
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,349.20</u>
(b) Labour Charges	<u>\$1,050.00</u>
Total for Part-By-Part Repair Cost	<u>\$2,399.20</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : Larry Ng

Name : Calvin

Tel : 6214 8316

Date : 10/12/18

Fax : 6546 8156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18022004/K1qbs2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 18-12-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFZ 9845L	Veh. Inspected	SHA 964T
Policy No.	5097985240	Coverage (\$)	0.00
Claim No.	MT/1022821-002	Excess (\$)	0.00
Assign From		Assign Date	06/12/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU903538631	Colour	YELLOW
Odometer	254793	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/12/2018	Inspection Date	06/12/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **3 Working Days**

**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 964T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	47.00	47.00
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	DEFORMED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER UNDER SIDE COVER (LH)	CRACKED	232.00	232.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER,REAR BUMPER,SIDE,LH	SERVICEABLE	94.80	-
1	SEAL,REAR BUMPER SIDE,LH	SERVICEABLE	148.40	-
	LESS 25% DISCOUNT		-523.17	-354.50
			1,569.53	1,063.50
SPECIAL NETT ITEMS				
1	REAR NO PLATE WITH TRIM COVER (SN)	SERVICEABLE	100.00	-
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO STICKER (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			385.70	285.70
LABOUR				
	PANEL BEATING.		600.00	400.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,560.00	1,050.00
GRAND TOTAL			3,515.23	2,399.20

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RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,399.20
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Report Ref No. NS/INC18022004/K1qbs2



KALVIN ANG WEI KUN

Automotive Assessor / Investigator



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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